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Application Number

09/849.501

TRANSI	MITTAL	Filing Date	5/4/2001								
FOF	RM	First Named Inventor	Bjarnason, Elias								
(to be used for all correspondence after initial filing)		Examiner Name	Bayard, E.								
		Art Unit	2631								
Total Number of Pages in T	This Submission 13	Attorney Docket Number	0200107R								
ENCLOSURES (check all that apply)											
X Fee Transmittal Form Fee Attached X Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s)	After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information								
Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		narks									
<u> </u>	SIGNATURE	OF APPLICANT, ATTORN	NEY, OR AGENT								
Firm or Individual name Farjami, Esq., Reg. No. 41,014 Signature Date February 23, 2005											
		CERTIFICATE OF MAILIN	NG								
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Signature		let II	Date February 23, 2005								

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					Complete if Known							
Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number	09/84	09/849,501					
FEE TRANSMITTAL					iling Date	5/4/20	5/4/2001					
					irst Named Inventor	Bjarna	ason, Elias	3				
For FY 2005					xaminer Name	Bayar						
Applicant Claims small entity status. See 37 CFR 1.27					rt Unit	2631						
TOTAL AMOUNT OF PAYMEN	Α	ttorney Docket No.	02001	107R								
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order Other (please identify):												
X Deposit Account Deposit Account Number: 50-0731 Deposit Account Name: Farjami & Farjami LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee												
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FEE CALCULATION	ANDEV	ABBUNIATION	EEC									
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Plant	200	100	300	150	160	80						
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2. EXCESS CLAIM FEES				_			-	Smal	I Entity			
Fee Description							<u>Fe</u>	ee (\$) Fe	e (\$)			
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3. APPLICATION SIZE FEE	•	i, ii greater than 3										
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for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
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4. OTHER FEE(S)			· · · · · ·	_ ``	,			Fees P	aid(\$)			
Non-English Specification, \$130 fee (no small entity discount)												
Other:												
SUBMITTED BY				1								
Signature	Ill	////		gistration N torney/Agent			Telephone	(949) 28	32-1000			
Name (Print/Type) Farsha	d Farjan	ni, Ese		,			Date 2	1231	05			

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